

CONTRACT DATA SHEET

PSC Type (check one): ☒ New ☐ Renewal ☐ Addendum

Contractor Information

1. Legal Name of Contractor: Direct Action & Research Training Ctr., Inc. (DART)
2. Address: PO Box 370791
3. City/ State & Zip: Miami, FL 33137-0791
4. Contact Person Name & Telephone Number: John Calkins, Director 305-576-8020
5. Revenue Commission Taxpayer ID#:
6. If registration is not required please explain: The time spent on location will not exceed 5% in a calendar year for any DART employee.
7. Is account in good standing:
8. Federal Tax ID # (SSN if sole proprietor): 59-2244743

Department Information

9. Requesting Department: Louisville Metro Center for Health Equity
10. Contact Person Name & Telephone: Lauri Andress 502-574-6616

Contract Information

11. Not to exceed amount: \$15,000.00
12. Are expenses reimbursed? No
13. If yes list allowable expenses and maximum amount reimbursable:
14. Beginning and ending date of the contract: April 2007 - April 2008
15. Coding: 1101 - 605 -4126 - 411590- 521301
16. Scope & Purpose of the contract:
The purpose of this contract is for professional services for DART to do the community organizing training and to provide technical assistance for one year.

Authorizations

_____ County Attorney Review - Approved as to Form:

Department Director: _____

Date: 2/14/07

Signature certifies:

KIC Funds are available

KOK Contractor is registered and in good standing with the Revenue Commission

KRL Human Relations Commission registration requirements have been met

_____ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary : _____

Date: _____

(If applicable)

WRITTEN FINDINGS**EXPLAINING NECESSITY FOR USING NONCOMPETITIVE NEGOTIATION FOR PSC**

This document constitutes written request and findings, as required by KRS 45A.380 stating the need to purchase through noncompetitive negotiation for PSC Contract # _____. By the signatures listed below, the Requesting Department has determined, and the Chief Financial Officer concurs, that competition is not feasible because:

_____ A. An emergency exists which will cause public harm as a result of the delay in competitive procedures. **** Mayors Approval required for emergency purchases exceeding \$10,000.**

_____ B. There is a single source within a reasonable geographic area of the supply or service to be procured or leased (attach sole source determination from the Purchasing Department).

 X C. The contract is for the services typically provided by a licensed professional, such as an attorney, architect, engineer, physician, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; an artist such as a sculptor, aesthetic painter, or musician; or a non-licensed professional such as a consultant, public relations consultant, advertising consultant, developer, employment department, construction manager, investment advisor, or marketing expert and the like.

_____ D. The contract is for the purchase of perishable items purchased on a weekly basis, such as fresh fruits, vegetables, fish, or meat.

_____ E. The contract is for replacement parts where the need cannot reasonably be anticipated and stockpiling is not feasible.

_____ F. The contract is for proprietary items for resale.

_____ G. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the city.

_____ H. The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids.

_____ I. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment liability insurance.

_____ J. The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the Metro Government.

_____ K. The contract was solicited by competitive sealed bidding and no bids were received from a responsive and responsible bidder.

_____ L. Where, after competitive sealed bidding, it is determined in writing that there is only one (1) responsive and responsible bidder.


Requesting Department Director


Date

Cabinet Secretary

(When required by cabinets policy)

Date

**Mayor

Date

****Signature is required only for Written Finding A**

Form W-9
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

RECEIVED JAN 30 2007
**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Name **DIRECT ACTION & RESEARCH TRAINING CENTER INC.**
Business name, if different from above

Check appropriate box ☐ Individual sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ ☒ Exempt from backup withholding

Address (number, street, apt. no., or care no.) **314 NE 26th TERRACE**
City, state, and ZIP code **MIAMI, FL 33137**

Requester's name and address (optional) **METRO LOUISVILLE HEALTH DEPT.**

List account number(s) here (optional)

Part 1 Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number **59-2244743**

Part 2 Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person **Shirley, B. K. R.** Date **1/26/07**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Notes: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 519, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.



LOUISVILLE/JEFFERSON COUNTY METRO REVENUE COMMISSION

REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER

Everyone subject to the Louisville Metro Occupational License Fee is required to complete this application and return it to the Louisville/Jefferson County Metro Revenue Commission. Please type or print clearly.

Check the account type applicable to your business: (Check here ☐ if an LLP or LLC and check appropriate box for individual, partnership, or corporation.)

☐ Individual
(With earned income from which occupational taxes were not withheld)

☐ Partnership
(Attach list of general partners' names, home addresses, and social security numbers.)

☒ Corporation
(Attach list of corporate officers' names, home addresses, and social security numbers.)

☐ S-Corporation

* According to an opinion of the Kentucky Attorney General (OAG 85-1), the responses which you make to questions 1, 2, 3, and 7 below are to be provided to anyone upon request, pursuant to the Kentucky "Open Records Law."

1. Enter the complete legal name of the individual, partnership, or corporation applying for this number.

Direct Action Research Training Center, Inc.

2. Enter trade name, if any.

DART

3. Describe the type of work you are doing or the business activity you are conducting.

Consulting + training

4. If this is an individual account, enter your Social Security Number.

5. For corporations, partnerships, or individuals with employees, enter your Federal Tax ID Number.

59-2244743

6. Enter an address where tax forms and correspondence should be mailed.

7. Enter your primary business address. (Do not enter a P.O. Box.)

Street Address: <u>PO Box 370791</u>	Street Address: <u>314 NE 26 Terrace</u>
City, State, Zip Code (provide 9 digits if available): <u>Miami FL 33137-0791</u>	City, State, Zip Code (provide 9 digits if available): <u>Miami FL 33137-0791</u>
Email Address: <u>dartcenter@aol.com</u>	Email Address: <u>dartcenter@aol.com</u>
Day Phone: (305) 576-8020 Fax Number: (305) 576-0789	Day Phone: (305) 516-8020 Fax Number: (305) 576-0789

8. Enter your Louisville Metro, Kentucky, business address. (Do not enter a P.O. Box.)

9. Enter a home address. * Individual accounts only (Do not enter a P.O. Box.)

Street Address:	Street Address:
City, State, and Zip Code (Provide 9 digits, if available):	City, State, and Zip Code (Provide 9 digits, if available):
Day Phone: () Fax Number: ()	Day Phone: () Fax Number: ()

10. Provide the current tax year and if not December. (Month only) Note: Must be the same as federal

11. Please check if your business is known as an ☐ Association or a ☒ Non-Profit Organization. (Provide copy of IRS authorization.)

12. When did you or will you first earn income from which the proper amount of local tax was not withheld within Louisville Metro, KY? ____ Month ____ Day ____ Year

13. When did you or will you start operating a business within Louisville Metro, KY? 4 Month 2 Day 07 Year

14. Date you anticipate first paying employee(s) for work performed in Louisville Metro, KY. (Do not include contract labor) 4 Month 2 Day 07 Year

15. If activity has stopped prior to completion of this form, insert date activity stopped. ____ Month ____ Day ____ Year

16. If business obtained from previous owner or change in type of organization has occurred, please enter:

(a.) Date of acquisition or change:

(b.) Name of previous owner or organization:

(c.) Former trade name, if any:

Holly D. Holcombe Title: Associate Director Date: 2/16/07

Signature of Applicant

Holly Holcombe

Print Applicant's Name

MAILING ADDRESS: P.O. BOX 36410 • LOUISVILLE, KENTUCKY 40232-6410

Telephone: (502) 574-4888 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@revenue.org • TDD: (502) 574-4811

---OFFICE USE ONLY---
Account Number Assigned



Direct Action and Research Training Center, Inc.

P.O. BOX 370791 Miami, Florida 33137-0791

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